

Lewis County Environmental Services
2025 N.E. Kresky Ave. Chehalis, WA 98532-2626
(360) 740-1146
(800) 562-6130 x 1146

WS # _____

CARL # _____

Permit Specialist _____

Well Site Inspection Form

This section to be completed by applicant:

A well site approval is effective for 2 years.

Water system/Applicant: _____ Date Received: _____

Location/Site Address: _____

Short Plat/Long Plat#: _____

Tax Parcel #: _____ $\frac{1}{4}$ $\frac{1}{4}$ Sec. Township Range E/W

Owner Name: _____ Address: _____

Phone: _____

Land Usage Adjacent to well site: _____

This section to be completed by Lewis County Environmental Health Staff:

Group A Comm: _____ NTNC _____ TNC _____ Group B: _____ Two Party/Shared _____

WS#: _____ CARL#: _____

Date Inspected: _____ Expiration Date: _____

1. Map provided was accurate, based on your observations at the well site. Yes No N/A

2. Slope of ground within the well site is such that potential contamination due to runoff and flooding is at a minimum. Yes No N/A

a. If roads are present in the well site are they paved and properly ditched Yes

Yes

No

N/A

A full-page sheet of white graph paper featuring a uniform grid of thin black lines. The grid consists of small squares covering the entire area, with no margins or additional markings.

Existing Wells:

Source: _____

Unique Well ID: _____

6. The surface seal is present and satisfactory. Yes No N/A

7. The sanitary seal is satisfactory and properly sealed Yes No N/A

8. There is a satisfactory concrete slab around the casing. Yes No N/A

9. The casing terminates at 6 to 12 inches above the floor.
(if in flood plain must be above flood level) Yes No N/A

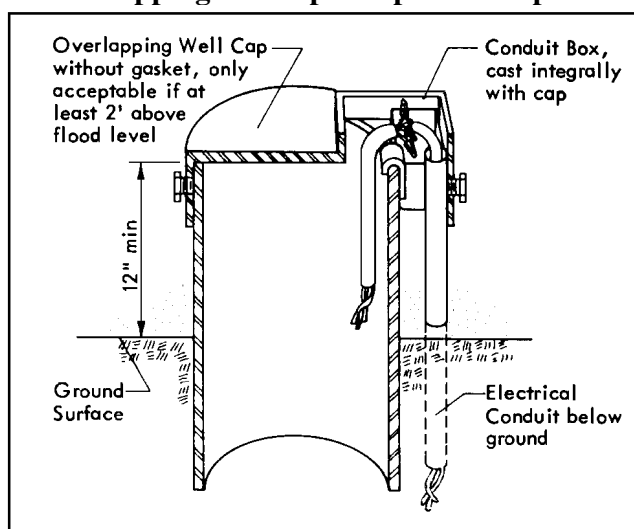
10. Has a proper air vent and the vent is screened? Yes No N/A

11. If the well is in a pit, is it adequately constructed to prevent flooding? Yes No N/A

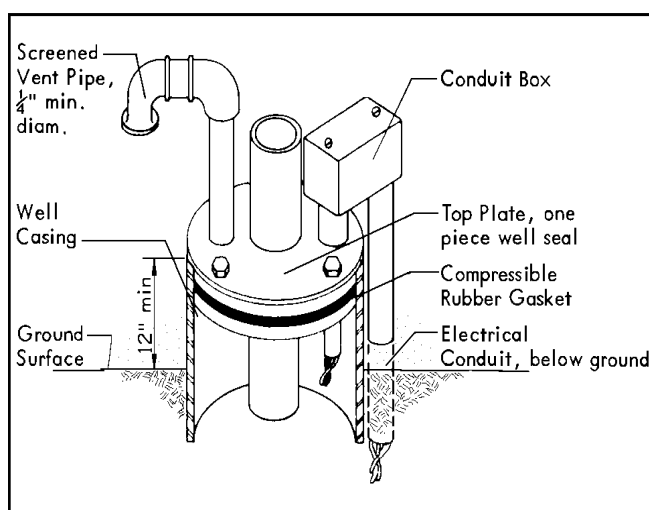
12. General housekeeping is satisfactory. Yes No N/A

13. The wellhead is accessible for maintenance. Yes No N/A

Well constructed with an overlapping well cap and pitless adapter.



Well constructed with a well seal containing a compressible rubber gasket.



General:

- | | | | |
|--|-----|----|-----|
| 14. Well site is legally protected against contamination by covenants? | Yes | No | |
| 15. Is a source meter installed? | Yes | No | N/A |

In your opinion, overall, is the well and/or well site:

- _____ **Satisfactory**
- _____ **Satisfactory, with correctable deficiencies**
- _____ **Not satisfactory**

Sanitarian: _____

Date: _____

Comments:

☐ **Two Party Well:** The shared well can be approved upon satisfactory completion of the rest of the requirements of the shared well policy.

☐ **Grp B/A:** Approval of a well site or preliminary plat does not constitute or imply approval of the proposed water system. Approval of the water system is contingent upon the water system construction and management plan meeting rules and regulations of the State of Washington.
